

ALASKA MARINE HIGHWAY SYSTEM REQUEST FOR SEATIME

NAME: _____

STATE EMPLOYEE ID#: _____

UNION: _____ YEAR HIRED: _____

IS THIS YOUR FIRST TIME YOU HAVE REQUESTED THIS INFORMATION:

YES: _____ NO: _____

(If YES, please allow sufficient time for preparation: Approximately 4 weeks).

DATE OF REQUEST: _____

DATE REQUEST IS REQUIRED: _____

RANDOM DRUG TESTING LETTER REQUESTED: YES _____ NO _____

(This letter is issued to AMHS employees who have worked 60 of the last 185 days)

ADDRESS SEATIME LETTER IS TO BE SENT:

PURPOSE OF SEATIME:

(Upgrading or renewal for license or Z-Card endorsements, Proficiency of Survival Craft endorsement, etc.)

Please return this form to: Alaska Marine Highway/Seatime Desk
7559 N Tongass Hwy
Ketchikan, AK 99901

Requests via fax: (907) 225-1513

Requests via email: seatime@alaska.gov